



The Boston North Cancer Association, Inc. (formerly Lynn Cancer Association, Inc.) is a not-for-profit organization dedicated to cancer treatment, prevention, and education in communities north of Boston\*. Founded in 1944, Boston North Cancer Association has awarded more than \$1M in funding for these purposes to benefit residents in communities north of Boston. The organization is solely funded through private contributions and bequests.

## Professional Development Grants Program

The purpose of Boston North Cancer Association's Professional Development Grants Program is to improve the detection and treatment of cancer by funding educational and skills training opportunities for medical professionals who practice in communities North of Boston. In doing so, Boston North Cancer Association will help improve the health and well being of cancer patients and cancer survivors. To this end, Boston North Cancer Association will award up to \$10,000 in professional development grants per year.

Priority consideration is given to applicants requesting funds for professional development opportunities that will fulfill certification/licensure or continuing education unit (CEU) requirements.

Professional Development Grant requests are limited to the following expenses:

- Conference/Training Registration Fees (excluding late registration fees).
- Hotel Accommodations  
(limited to standard room rate for overnight stays required due to location and only for the length of the conference/training).
- Travel  
By air, train or bus (Travel in economy class only. Travel dates must fall immediately before and after the conference/training).  
By car (mileage to and from conference at a rate of \$.55 a mile (this rate is subject to change).  
Note: Car rentals, cab fare and car services are not funded).
- Food Stipend (limited to \$25 per day for each day of the conference/training).

## Eligibility Requirements

Applicants must meet the following criteria:

- Active Certification/Licensure as a medical or paramedical professional.
- Primary focus of position is cancer detection and/or treatment.
- Practice/work at an accredited medical facility in a community in Essex County, Massachusetts.

## Application Process

Applications are accepted on a rolling basis. Please visit [www.bostonnorthcancer.org](http://www.bostonnorthcancer.org) or call 877-270-0370 for an application. Applications are reviewed on a quarterly basis – March 15, June 15, September 15 and December 15. If your application requires consideration before one of the times when reviews are scheduled, Boston North Cancer Association will consider applications on a case-by-case basis but cannot guarantee a response by the time needed.

Please mail completed applications to:

Boston North Cancer Association, Inc.  
P.O. Box 3153  
Peabody, MA 01960

Boston North Cancer Association is a volunteer-run organization. Receipt of your application will be acknowledged within two weeks of its arrival.

## Conditions and Procedures for Professional Development Grant Recipients

Applicants selected for professional development grant awards must submit receipts to Boston North Cancer Association for conference/training registration, travel expenses, and/or hotel accommodations in order to receive funds awarded by Boston North Cancer Association for these expenses. Grant recipients may submit receipts as soon as reservations are made. Boston North Cancer Association will only issue payment for the dollar amount(s) approved for each expense at the time the grant was approved. The grant recipient is responsible for any dollar amount beyond the dollar amount approved by Boston North Cancer Association.

Boston North Cancer Association will distribute funds directly to the grant award recipient by check. It is the responsibility of the grant recipient to submit receipts.

Food stipend funds will be distributed by check to the grant recipient within 7 days of the conference/training. No receipts are required for the food stipend.

Boston North Cancer Association will hold \$100 of the total amount approved for conference/training registration, travel expenses, and/or hotel accommodations. This amount will be paid to the grant recipient upon receipt of an evaluation after the conference/training is completed.

All eligible receipts and the evaluation must be received by Boston North Cancer Association within 60 days of the conference/training start date for payment to be issued. Boston North Cancer Association will NOT issue any payments for approved expenses after 60 days from the conference/training start date.

\* Boston North Cancer Association serves communities in Essex County, Massachusetts.

Amesbury	Merrimac
Andover	Methuen
Beverly	Middleton
Boxford	Nahant
Danvers	Newbury
Essex	Newburyport
Georgetown	North Andover
Gloucester	Peabody
Groveland	Rockport
Hamilton	Rowley
Haverhill	Salem
Ipswich	Salisbury
Lawrence	Saugus
Lynn	Swampscott
Lynnfield	Topsfield
Manchester-by-the-Sea	Wenham
Marblehead	West Newbury



**Boston North Cancer Association**  
**Professional Development Grants Program**  
**Application Form**

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Priority consideration is given to applicants requesting funds for professional development opportunities that will fulfill certification/licensure or continuing education unit (CEU) requirements.

Please complete the following application form in its entirety. All application forms must be typed. Please submit your application form to Boston North Cancer Association by mail to P.O. Box 3153, Peabody, MA 01960. For questions, please call 877-270-0370.

**I. APPLICANT INFORMATION** – Please type or print clearly

Name \_\_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Website \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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**II. GRANT REQUEST** – Please type or print clearly

Name of professional development opportunity for which you are applying \_\_\_\_\_

Location \_\_\_\_\_ Date(s) \_\_\_\_\_

Cost per person for registration (excludes late registration fee) \_\_\_\_\_

Registration deadline for the professional development opportunity \_\_\_\_\_

*Note: Boston North Cancer Association does not fund late registration fees.*

Will you receive certification/licensure or continuing education units (CEUs) for completing the conference/training for which you are applying? \_\_\_\_\_

If yes, please answer the following:

1. Specify the certification/licensure or continuing education unit: \_\_\_\_\_

2. Is this certification/licensure or continuing education unit (CEU) required for your current employment? \_\_\_\_\_

Name and contact information of your director supervisor \_\_\_\_\_

(The applicant’s supervisor may be contacted by a member of Boston North Cancer Association’s Professional Advisory Committee to verify the application).

Please itemize the expenses that would be covered by the amount requested.

Expense	Amount
<b>1. Conference/Training Registration</b> <i>Excludes late registration fees</i>	\$ _____
<b>2. Hotel Accommodations</b> <i>Limited to standard room rate only for overnight stays required due to location and only for the length of the conference/training. Please provide the name and address of hotel, room type, nightly rate, and length of stay:</i> _____	\$ _____

**3. Travel** \$ \_\_\_\_\_  
*By air, train or bus (Travel only in economy class. Dates must fall immediately before and after the conference/training).  
By car (mileage to and from home address and conference/training at a rate of \$.55 a mile (this rate is subject to change).  
Note: Car rentals, cab fare and car services are not funded.*

For travel by air, train or bus, please provide dates of travel, cost for round trip ticket, and seating class: \_\_\_\_\_

For travel by car, please provide home address, conference/training address, and mileage to/from each location:

From \_\_\_\_\_

To \_\_\_\_\_

Mileage \_\_\_\_\_

**4. Food Stipend** \$ \_\_\_\_\_  
Limited to \$25 per day for each day of the conference/training. Please list the number of days for the food stipend: \_\_\_\_\_

**Total amount requested:** \$ \_\_\_\_\_

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**III. ESSAY** – Please answer the following questions in two pages or less. Essay questions must be typed and attached to this application form.

- Describe your reason for selecting this specific professional development opportunity.
- Explain what knowledge/skills you will learn from this professional development opportunity and how you will incorporate what you have learned into your work.

### IV. DOCUMENTATION

Please provide the website address or a copy of the professional development opportunity brochure and registration form. The materials must include a description of the program for which you are requesting a grant and the fees associated with participation.

Check one:

\_\_\_\_\_ **Website Address:** \_\_\_\_\_

\_\_\_\_\_ **Copy of brochure and registration form enclosed**

### V. TERMS OF AGREEMENT

As a condition of receiving a professional development grant from Boston North Cancer Association, you agree to adhere to the following conditions and procedures for professional development grant recipients.

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All eligible receipts and the evaluation form must be received by Boston North Cancer Association within 60 days of the conference/training start date for payment to be issued. Boston North Cancer Association will NOT issue any payments for approved expenses after 60 days from the conference/training start date.

**Name/Title** \_\_\_\_\_ **Date** \_\_\_\_\_